			EOD OFFICI	AL HOE ONL		<del></del>	Cheek	Cash
Decal # to	Data			AL USE ONL count #		\$	Check Ck/Rcpt #	Cash⊡
							UCR	
New Applicant Renewal .	Additional 🔲	IPC	Lawson	SoS	00	T/SAFER	UCR	
2020 STATE OF	NH- INTI	ERNATIO	ONAL FUE	L TAX AGI	REEMENT	(IFTA) A	PPLICATION	V
APPLICATION MUST BE COMPL	ETED IN FUL	.L ( <u>see instr</u>	uctions, p. 3).	Print or type le	gibly; <u>incompl</u>	ete/illegible ap	plications will be	<u>returned</u> .
1. APPLICANT LEGAL (BUSINESS) NA	2. Account # (o of tax return: m	n top right side nax. 6 digits, <u>NOT</u>		dentification Numbe	r (TIN) 			
4. Trade/DBA Name (complete only	5. USDOT #:							
V	L	☐ This is the applicant's USDOT #						
6. MAILING ADDRESS below (address	This is the lessor's USDOT #  7. PHYSICAL ADDRESS below (legal address, no PO Box'allowed). Complete only if different from mailing address:							
STREET or	STREET:							
CITY, STATE ZIP CODE:	· •							
8. PRIMARY BUSINESS CONTACT (Fi	rst & last name	/ include cont	act's title):	9. CONTACT PHO	NE # 10.0	CONTACT E-MAIL	ADDRESS:	
				( ) -				
jurisdiction? (use postal 2-letter abbreviation: "NH", "ME", etc.) (IRP account # is listed on vehicle If Y				Do you have <u>bulk</u> Yes, indicate what Yes, where (City, S	type(s):	Clear Dyed	□ No	Yes
14. Is the applicant registered with the (The SoS Business ID # is no more to in your company name). Any person	han 6 digits: us	e the followin	a to help find vou	r company's busine	ess ID: https://w	ww.sos.nh.gov/c	orporate/soskb/csear	ch.asp, type the SoS.
15. What is the primary nature of thi	s business?	Agriculture [	Logging Pe	etroleum / Fuel Tra	ansportation 🗆	Other ( <i>explain</i> ):		
16. Do you currently, or did you previously, have any IFTA accounts other than this account?   No  Yes If Yes, list all other account numbers:								,
17. Have you ever been issued an IF	TA decal from a	ny jurisdiction	other than NH?	□ No □ Yes I	If <u>Yes</u> , list <b>all</b> jur	sdictions:		
18. Is your license currently suspended or revoked in any jurisdiction?   No Yes If Yes, list all jurisdictions:								
19. Are any of your vehicles leased?	□ No □ Yes	If <u>Yes</u> , is th	e leasing company	y responsible for th	ne filing of the qu	uarterly tax repor	ts? No Yes	
20. Check Type(s) of fuel consumed by IFTA vehicle(s):								
21. Quantity of vehicles requiring de			\$10.00 per set		<u>`</u> `_		to "State of NH-R	
Applicant <u>must</u> complete the New Hajurisdictions including New Hampshi	e. Qualified mo	tor vehicles ar	e designated as h	aving:			hat will operate in 2	or more
b) a c) a	gross combina ny vehicle with	tion weight in three axles o	excess of 26,000 r more, regardless	e weight in excess lbs. (i.e. a vehicle s of weight (except	hauling a trailer] t a recreational v	), or ehicle).		
The decals must be applied to the exvehicle before operating in any out-	cterior portion of of-state jurisdict	of both sides o	f the cab (Per R62	25 IFTA Articles of	Agreement) and	the license, or a	copy, shall be carried	d in the
Certification By Applicant: Applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the base jurisdiction may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member states. Applicant agrees that the information given on this IFTA application is, to the best of his or her knowledge, true, accurate and complete. "This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."								
Print / Type Signee's First and Last N	Date:							
Signature	Signee's Title:							

Remit To: State of NH-Dept. of Safety-Road Toll Bureau 33 Hazen Drive, Concord NH 03305

Telephone #: (603) 271-2311; fax number: (603) 271-8211
Website = http://www.nh.gov/safety/divisions/administration/roadtoll

Complete <u>all</u> information on <u>all</u> qualified motor vehicles that will have an IFTA decal (use additional sheets if necessary).

Print or type <u>legibly</u>. INCOMPLETE/ILLEGIBLE APPLICATIONS WILL BE RETURNED. <u>See instructions</u>, p. 3

	Plate #	Year of Vehicle	Make of Vehicle	Gross/Combined Vehicle Weight	I formation states	VIN #	# Axles
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## **Definitions**

**Bulk Storage** – Any fuel tank storage or container greater than 55 gallons. The fuel supply tanks of your motor vehicles or unlicensed equipment are not considered bulk storage.

Lessor – The party granting the use of equipment with or without a driver to another.

**USDOT** – US Department of Transportation

Jurisdiction -A state of the United States, the District of Columbia (D.C.), a province or territory of Canada, or a state of the United Mexican States.

## Instructions for Completing the IFTA Application

Clearly print or type all application information except when a signature is required.

## Page 1 Directions

- 1. Indicate applicant's legal (business) name, including "Inc.", "LLC", etc. as required.
- 2. Indicate the applicant's IFTA account #, if there is one (# is six digits maximum, found at top right side of quarterly tax return).
- 3. Taxpayer Identification Number (TIN) A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws, TINs are issued by the IRS.
- 4. Indicate applicant's trade name or DBA only if it is different than item 1, "Applicant Legal (Business) Name". Otherwise leave this blank.
- 5. Indicate the USDOT #. Indicate whether the USDOT # is the applicant's USDOT # or the lessor's USDOT #.
- 6. Indicate the mailing address Street / PO Box, City, ST, and zip code.
- 7. Indicate the physical / legal address Street (no PO Box allowed), City, ST, and zip code.
- 8. Indicate the primary business contact's first name, last name, and title.
- 9. Indicate the primary business contact's phone number.
- 10. Indicate the primary business contact's e-mail address.
- 11. Indicate the IRP base jurisdiction in which the fleet is registered use the 2 digit postal code.
- 12. Indicate the IRP account #. This information is on the vehicle registration / cab card, 4th box from top, on left of card.
- 13. Indicate if you have bulk storage. If you do, indicate if you store clear fuel, dyed fuel, and the location of all related tanks.
- 14. Indicate if the applicant's legal name, and any trade/DBA name, are registered with the NH Secretary of State (SoS) to conduct business in NH; if registered, indicate the Business ID#. [All SoS registered applicants have a SoS Business ID; if needed, use the link in the application and your legal / trade names to help find your Business ID#.] Any person conducting business under any name other than his/her own legal name, including trade/DBA names, must be registered and in good standing with the SoS. If the applicant is required to be registered with the SoS and is not, remedy this immediately so the applicant can submit the IFTA application timely. Failure to do so will delay your application's approval.
- 15. Indicate the nature of the applicant's business; check as appropriate.
- 16. Indicate if the applicant currently holds, or previously held, any IFTA accounts other than this account; list any such account(s) by number.
- 17. Indicate if the applicant has ever been issued an IFTA decal from any jurisdiction other than NH; list any such jurisdiction(s).
- 18. Indicate if the applicant's license is currently suspended or revoked in any jurisdiction, and list any such jurisdiction(s).
- 19. Indicate if any of the applicant's vehicles are leased. If any vehicle is leased, indicate if the leasing company is responsible for the filing of the quarterly tax reports.
- 20. Indicate what type or types of fuel are used in the IFTA vehicle(s).
- 21. Indicate the number of IFTA qualified vehicles for which the applicant is requesting decals, and the amount of payment. Print or type the signee's name, the date, and the signee's title. Sign page 1. Attach payment if a check, make it out to "State of NH-Road Toll". NOTE: the person signing the application is the "signee".

## Page 2 Directions

For each vehicle that the applicant wants to IFTA register, provide the following information: vehicle plate number, year, make, fuel type used, gross/combined weight, whether the vehicle will be used in combination with a trailer, the VIN #, and the # of axles. Use additional paper if needed, making sure all required information is included for all vehicles.

Make sure of the following (Our office strongly encourages the applicant to make and keep a copy of all submitted materials.):	
pages 1 through 3 are complete and attached, as well as any sheets listing additional vehicles; and the correct number of vehicles and payment are calculated. Only include payment for your IFTA registration.	

Any check that combines the IFTA registration payment with payment for anything else cannot be accepted.

Properly <u>completed and signed</u> applications will be processed on a **first in / first out basis**. Incomplete applications and those with issues will cause delays in processing. Either mail or drop off all pages of the signed and completed application and payment to the following address:

State of NH, Department of Safety Road Toll Bureau 33 Hazen Drive Concord NH 03305.